

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)														
		15258US07														
RECEIVED CENTRAL FAX CENTER OCT 04 2004	In re the Application of															
	Ahmadreza Rofougaran															
	Application Number	Filed														
	09/699,040	October 27, 2000														
	For															
	Adaptive Radio Transceiver with Offset PLL with Subsampling Mixers															
	Group Art Unit	Examiner														
	2682	Marceau Milord														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-0017</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,636</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tbody><tr><td><u>October 4, 2004</u> Date</td><td><u>Michael T. Cruz</u> Signature</td></tr><tr><td><u>(312) 775-8084</u> Telephone Number</td><td><u>Michael T. Cruz</u> Typed or printed name</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<u>October 4, 2004</u> Date	<u>Michael T. Cruz</u> Signature	<u>(312) 775-8084</u> Telephone Number	<u>Michael T. Cruz</u> Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00															
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$															
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$															
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$															
<u>October 4, 2004</u> Date	<u>Michael T. Cruz</u> Signature															
<u>(312) 775-8084</u> Telephone Number	<u>Michael T. Cruz</u> Typed or printed name															